

***EARLY ON*® MICHIGAN**

GUIDELINES

for completing

Individualized Family Service Plans

(IFSPs)

**with families whose children are eligible for services
under Part C of the Individuals with Disabilities Education Act**

Please note: This document deals mostly with how to fill out the actual IFSP form. It does not do justice to the process that is to be used as IFSPs are developed with families. Because the process itself is so important, it is critical that everyone using the form understand just how it should be used. For more information about the IFSP process, contact the Early On (Part C) Coordinator for your county.

This document was made possible through support from grants awarded by the State Board of Education under Part H (now Part C) of the Individuals with Disabilities Education Act.

**MDE 9/93
Rev. 1/98**

NOTES TO THE READER:

These guidelines are intended to make the IFSP form as easy to use as possible. Please note that several versions of IFSP forms are being used across the state. These guidelines are intended for use with the state prototype. While they are applicable to all versions of the IFSP form, the variations across these forms have not been addressed.

At the end of these Guidelines are several attachments to help service providers and families understand the form and the process better. The attachments are:

- A. Tips for the IFSP meetings¹
- B. List of Established Conditions
- C. Special Education Rule Numbers
- D. List of Part C Services
- E. Detailed Ethnic/Ancestry Coding for IFSPs

Additional attachments will be added as needed to clarify the IFSP process and form.

The authors are certain that this document can be improved, and welcome readers' suggestions. Sections that are unclear, incomplete, or confusing will be revised as readers point out where changes are needed. Please send your feedback to:

Tammy Freeberg
Michigan Department of Education
Special Education and Early Intervention Services
P.O. Box 30008
Lansing, Michigan 48909

Special thanks to those who have contributed to the development of these guidelines, particularly to the original authors, Barbara Banet, Sister Barbara Cline, and Ann Saffer.

For more information about Part C (*Early On*), Part C records, and/or how to fill out IFSP forms, please refer to Michigan's Guidebook for Individualized Family Service Planning or contact the *Early On* (Part C) Coordinator or Contact Person for your agency or your county.

¹This attachment has been incorporated into Michigan's Guidebook for Individualized Family Service Planning.

GUIDELINES FOR COMPLETING THE INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

FIRST PAGE

DEMOGRAPHIC INFORMATION

Purpose of this section. *The IFSP must include all pertinent information for the computerized “tracking” system (i.e., EETRK) and the data needed by the agencies involved. The “tracking” information is important because it generates the reports that are submitted to Lansing and to Washington, D.C. that determine the amount of federal Part C dollars that Michigan will received in future years. Some of the information can be written on the form as soon as the initial contact is made with the family, if the child has an established condition or if there is enough information available to indicate likely eligibility for Part C.*

Referral Date: Indicate the date of the referral (month/day/year). A referral is made when contact is made with an agency/program/etc. to request a Part C evaluation. The referral date must be within **two working days** of the date that the child was identified (i.e., A service provider had sufficient information to suspect that the child was Part C eligible, usually the date that the inquiry about services took place).

Today’s Date: Indicate the date of the IFSP meeting (month/day/year). The IFSP meeting must be held within **45 calendar days** of the referral date unless extenuating family circumstances make it impossible to hold the meeting within that time period. If a delay is necessary, ask the family whether they would like to have an interim IFSP developed or sign an extension to the 45-day timeline.

Person Referring: Identify the person who made the request for an evaluation. This may be a parent or service provider. Anyone may make a referral, but the evaluation cannot be done until parental consent is given.

Agency Initiating IFSP: Write the name of the agency initiating the IFSP.

Child Information

Social Security #: Indicate the child’s social security number if known. Leave blank if child doesn’t have one. Encourage family to apply if they haven’t already, and provide assistance if needed.

Child’s Legal Name: Indicate the first and last name.

Nickname: Write the most commonly used name.

Date of Birth: Month/Day/Year

Sex: Check the appropriate letter.

Phone (home): If family doesn’t have a phone, ask whether there’s a relative, neighbor, or friend who can take messages. If this is the case, indicate the relationship in parentheses after the phone number [e.g., 245-8560 (neighbor)].

Phone (e.g., daycare, relative, work): If applicable.

Address: Indicate the complete home address, including an apartment number if applicable and

the City/State/Zip Code.

Medical Insurance #: Note type of insurance, group, and policy numbers.

School District of Residence: If the family isn't sure, the Intermediate School District can be contacted to verify eligibility for services within the ISD. If residence is within another ISD, contact the appropriate school district to inquire about services. The school district will also need the registry information and copies of the IFSPs, etc. for that child.

- ◆ If the IFSP is also an IEP, note the district which operates the Special Education program or service.

Ancestry/Race¹: Select from Attachment E when more than one answer is appropriate.

Native Language: If the parent/child's native language is not English, and English is not a language he/she understands, fill in the blank. If the parent/child will need an interpreter, specify the language.

Name, Relationship to Child, Date of Birth, and Address: It is important to be respectful of the various family constellations that are possible as information about the family is obtained. It is only necessary to write the name and address of one adult who is responsible for the child, but more may be written if the family wishes. Indicate the relationship of the adult to the child after the adult's name (e.g. Lenny Adams - grandfather, or Rosalie Barker - mother). If the child lives with a foster parent, guardian, or surrogate, their name(s) and relationship to the child should be indicated. The date of birth is optional.

Reminder: *When a child lives with someone other than a parent or legal guardian, that person may not be able to give the consent required for initiation of service or for consent to evaluate. Check with the agency that placed the child in that home.*

Interpreter Needed: If the family needs an interpreter to understand English, if their mode of communication is sign language, or if other circumstances exist that make an interpreter necessary, this information must be included.

Agencies/Persons Working with the Family

Purpose of this section. *In order to plan and coordinate services effectively, it helps to know which agencies are currently involved with the family. This information can be used by the family and service providers as a quick reference (much like their own service directory). Some of the information in this section is needed by Children's Special Health Care Services and has also proven to be very useful to other Early On service providers and families. However, filling in this section is not required and families should not be pressured to reveal information they do not wish to share.*

Please note. *The fact that an agency or service is mentioned here does not mean that it is a required service. Only services written on the Service Plan page of the IFSP must be provided. New names may be added to this section on an ongoing basis, and "end dates" may be added whenever a service is completed. It should be noted that whenever new information is added to*

¹This information is not required for all programs, but is required for children receiving special education services. (If not included on the IFSP, it must be included on another document for children in special education.)

this page, it is important to update the parent's copy and the service coordinator's copy. When a new IFSP form is filled out, the names of the agencies still involved with the family may be transferred to the new form.

Start Date: Indicate the date of the agency providing the service.

Contact Person: Identify the person who is responsible for that service.

Phone: Indicate the telephone number where the contact person can be reached.

Type of Service/Position: Write the name of the program/service and the role/position of the service provider (e.g. Infant Support Services/Social Worker).

End Date: Note the day/month/year when the service actually comes to an end..

Send Copy of IFSP: Check box if yes. Once the form has been filled in and signed, the pages should be numbered and distributed. Be sure that the agencies receiving copies are listed on the latest Authorization to Share Information Form. For more information regarding distribution, see the last page of this guide.

Notable Dates

Purpose of this section. *This section is designed to help keep track of the required timelines related to IFSP meeting. Service coordinators are encouraged, but not required, to record the date and type of each IFSP meeting held. Recording dates of other meetings (e.g., conferences) may also be helpful.*

IFSP Meetings: Dates (Include last IFSP): Indicate the day/month/year of each IFSP meeting.

Purpose: **Interim IFSP Meeting:** The purpose of an interim IFSP is to expedite services when they are needed immediately and the child/family cannot wait for the evaluation and assessment to be completed in the 45 calendar day period (e.g., when an infant is being discharged from a hospital). Interim IFSP meetings may also be held because of extenuating family circumstances--when completing the evaluation within 45 calendar days is not possible (e.g., because the child is ill). Such circumstances must be documented. All interim IFSPs must include the name of the service coordinator and the services that are needed immediately and be signed by the parent(s) before services begin.

Initial IFSP Meeting: The initial IFSP meeting must be held within 45 calendar days of the referral for an evaluation. If extenuating family circumstances make meeting the deadline impossible, the family may give their written consent to delay the meeting.

Review IFSP Meeting: IFSPs must be reviewed every **six months**, or more frequently if conditions warrant or the family so requests, to review progress on outcomes and whether notification/revision of services is necessary. While periodic reviews do not require a meeting of the participants and could be conducted by phone conference or some other acceptable means, periodic reviews should be documented and summarized on the IFSP form.

Annual IFSP Meeting: A meeting must be held **annually** to evaluate the IFSP, review any recent assessments, and record progress on outcomes and, if appropriate, make revisions.

Transition: An IFSP meeting must be held to plan for the transition of a child from *Early On* to preschool or other appropriate services at approximately age three or on other occasions when a child will no longer receive Early On services, such as ineligibility, parental decision to terminate participation, etc. Transition planning must begin at least **90 calendar days** before the child's third birthday and may begin **up to 6 months** prior to transition.

Child Eligibility: Check whether or not child is eligible and if eligible, note the established condition and area(s) of developmental delay. If the child has an established condition, write the name of the category on the line. Please don't use abbreviations (see Attachment B). If eligibility is based on a developmental delay, write the area(s) of development in which the delay is evident (physical/health, hearing, vision, fine or gross motor, cognitive, communication, social/emotional, and adaptive/self-help).

The IFSP is being used for:

Purpose of this section. *This form has been designed to be used with a number of programs and services. Several of them have been listed in this section. Others may be written in the space at the very bottom of the page if it is helpful to do so.*

Check all that are applicable.

Early On®: *Early On* is the statewide, comprehensive system of early intervention services for infants and toddlers with special needs and their families. *Early On* facilitates coordination of services across agencies and programs.

Children's Special Health Care Services (CSHCS): The CSHCS program pays for appropriate specialized medical treatment, equipment, and supplies for anyone enrolled in the program. Additionally, service coordination assistance is offered to families wanting help with program solving, obtaining needed services from other agencies or developing self advocacy skills for maximum independence. Families of all income levels are eligible to enroll in the CSHCS program. While many are not charged anything, some are asked to share in the cost of their child's care through a client payment agreement.

Special Education: Check here if the child is eligible for special education services as well as *Early On* services and the IFSP is being used in combination with the additional IFSP/IEP page(s) necessary to meet the requirements for a special education IEP.

Infant Support Services: A new program for Medicaid-eligible infants and their parents (a follow-up to maternal support services). Public health nurses, nutritionists and social workers are involved with the family for a limited period of time after the child's birth.

Hospital Discharge Planning: Hospitals that care for high risk infants and families typically develop a plan for the home care of the infant, which includes the identification of resources and/or referrals that would be beneficial to the family. Discharge planning should begin at the time of admission/birth, to assure that all needed services are in place or in process at the time of discharge from the hospital.

Head Start: A program designed to break the cycle of poverty by providing preschool children with a comprehensive program to meet their emotional, social, health, nutritional, and psychological needs.

Supplemental Security Income: If a child's level of functioning prevents him or her from doing

things that other children the same age can do, and his family's income falls within SSI eligibility guidelines, the family may apply for SSI. SSI eligibility means automatic eligibility for Medicaid.

Michigan Interagency Family Preservation Initiative (MIFPI) Program: An interdepartmental demonstration project that provides intensive, collaborative, community based "wraparound" services to children at risk of out-of-home placement or who have already been removed from their families. The project is designed to reinvest funds from out-of-home care into new service models that is responsive to individual child and family needs.

Family Support Subsidy: Families with an income of less than \$60,000/year (adjusted gross income on the Michigan 1030) who have children who have been labeled "severely multiply impaired," "severely mentally impaired," or "autistic" (according to Michigan's Special Education Rules) are eligible for a monthly payment from the state.

Women, Infants and Children (WIC): A public health program that provides assessment of nutritional risk, education about nutrition, education and support for breast feeding, referrals to health services and the provision of supplemental foods and formula for eligible pregnant, breast feeding and postpartum women and children from birth to age five years.

SECOND PAGE

CHILD'S STRENGTHS AND NEEDS

***Purpose of this page.** Use this page to record information about the child that will be helpful in providing services. Information about the child's strengths should be included, as well as the information about his/her medical condition and/or development that service providers need to know in order to begin working with the child.*

Child's Birth Weight: Note the child's weight at birth in pounds and ounces

Child's Birth Date: Indicate the child's month/day/year of birth.

Number of weeks premature: If applicable.

Strengths: Note the information the family provides regarding the child's skills, capacities, the positive feelings they have about the child. List whatever information the family wishes to have written down using their own words as much as possible. Additional strengths noted by the service provider may also be mentioned and written down if the family wishes.

Concerns: Note family's concerns regarding the child such as: A family may be concerned that a child is not walking, or they may feel a child needs a particular piece of equipment, etc. Use the family's words and avoid professional jargon.

- ◆ If the IFSP is also an IEP, include a description of how the disability affects the child's participation in appropriate activities.

Present Level of Development: Must include information about all areas of development in which there might be a problem or in areas related to an “established condition” that makes the child eligible for services. Even if there is no reason to believe that there is a concern in a particular area, it is helpful to give examples of what the child can do, as well as a statement such as “appears to be within the normal range.”

Parent Input: Include any information the parent wishes to share, being sure to describe strengths as well as needs (things the child can and can’t do, things the child does that the parent feels are a problem, etc.). Whenever possible, use the parent’s words (e.g. Johnny doesn’t mind Mom, Loda is sitting up by herself now, Trish cries all the time, Joey has a good appetite, Susie doesn’t move her arms the way her brother did). When not sure what to write, given what the parents has said, try rephrasing it, and asking, “Is this what you meant?” Avoid using professional jargon.

Professional Input: A minimum of two disciplines must be involved in the evaluation. One must be from the health field to give a report of the child’s current health status. The health evaluation should have been done within approximately three months if the child is less than 18 months of age, and within six months if the child is older.

Reminder: *As much as possible, describe what the child can do (the skills he/she has already mastered), rather than giving developmental levels. Noting that there is a delay in an area is okay, but it is not necessary (nor is there space!) to describe in detail all the child’s difficulties. It is also not necessary to attach the evaluation reports to the IFSP. Instead, they may be kept separately in the child’s Part C file. Again avoid using professional jargon.*

Date: Note the month/day/year that the evaluation was done or that the report was written.

The name of the evaluator.

Agency: Write the name of the agency, hospital, clinic, etc. where the evaluator is employed. If the evaluator is in private practice and is not part of a group that has its own name, write “private practice.”

Medical/Health: Provide information describing any medical conditions or other health issues (e.g., “frequent ear infections”). If there are no health issues to report, simply note that fact (e.g., “Child has been healthy during the past six months and all immunizations are up to date”).

Hearing: Note any hearing screenings or evaluations that have been done and any recommendations for re-screening that have been made.

Vision: Note any vision screening or evaluation that has been done and any recommendations for re-screening that have been made.

Small Muscle Movement: Provide information about the use of the arms, hands and fingers. Includes small muscle development, eye hand coordination, and manipulation of objects.

Large Muscle Movement: Provide information about the use of the legs, head control, sitting, crawling, walking. Includes large muscle involvement and body tone (rigid or “floppy”).

Cognitive/Thinking: Note skills related to learning, problem solving, thinking, etc.

Communication: Identify how the child expresses and understands ideas by spoken or manual symbols.

Social/Emotional: Describe how the child shows feelings and relates to other people.

Adaptive/Self-Help: Note skills related to daily living (e.g. eating, dressing, toileting, etc.). Includes feeding issues (oral motor development).

Development/Medical History: (Include allergies, immunizations and nutrition) Any information that does not fit in the spaces above may be written here.

THIRD PAGE

FAMILY INFORMATION

Please note family member interviewed and name of person conducting interview.

***Purpose of this page.** This page provides both the family and service providers an opportunity to identify the family's resources and strengths, and to prioritize their concerns. Filling out this page can be very helpful for parents and service providers as they work together to plan services for the child and family, but it is important that families know that they are not required to share information about their resources and concerns.*

Child's Name: Complete child's name and family name to assure that document can be appropriately reassembled if the pages are separated.

Resources and Strengths: The people, skills capacities, relationships and concrete assets (e.g., insurance) that the family has, or has access to, which support and sustain the family. List whatever information the family chooses to share and wishes to have written down, using their own words as much as possible. Additional strengths that have been noted by the service provider in the course of getting to know the family may also be mentioned and written down if the family wishes. Sometimes using an "eco map" (i.e., a diagram of the family's formal and informal supports) helps to clarify for the family and the service provider just who in that family's life is able to provide support (e.g., neighbors, relatives, church members, doctors). Avoid using professional jargon when identifying resources.

Concerns: Circumstances related directly or indirectly to the child's development which worry, distress or create difficulties for the family. List whatever concerns the family identifies and wishes to have written down. Additional problems that have emerged during the evaluation may be raised by the other members of the IFSP team, but if the family feels strongly that they are not important issues at the present time, there is no need. Use the family's words and avoid professional jargon.

Family's Priorities: These are the family's concerns in order of importance. The family's agenda and timeframe, as well as their ranking of concerns and outcomes or goals, represent a family's priorities. It is not necessary to address initially all the concerns that have been identified. Asking the family which of the items on the list are the most important right now (e.g., "Which should we start with?") sometimes helps the family rank them. It is not necessary to rewrite the concerns that have been identified as being of high priority in the "Family Priorities" column. Numbering them in the "Family Priorities" column is fine - or circling them and writing a number beside the circle in the priorities column. Do whatever is easier for the family to understand.

***Reminder:** If the family's priorities are different from the service provider's, it is important to remember that under Part C the family's priorities take precedence. Perhaps at a later date the issues that are important to the service provider will also become important to the family.*

FOURTH PAGE(S)

Action Plan

Purpose of this page: Use this page to describe how the family's priorities will be addressed by providing appropriate coordinated services. As many Action Plan pages may be used as are needed. Numbering them 4a, 4b, 4c, etc., is advisable. If the child will soon be entering a new program and/or is approaching his/her third birthday, transition planning must be included. If a transition plan is developed, write the words "Transition Plan" at the top of one of the Action Plan pages (or use a page with the pre-printed words, "Transition Plan", at the top).

Please note: Some of the services that a family may need are not considered Part C services (e.g. medical care or financial assistance). Including them in the IFSP does not mean they are legally required under Part C, but they may be required if included as part of the IEP (see Attachment D for a list of Part C services and also the section below entitled "Other Services").

Child's Name/Family Name: Fill in both lines.

Service Coordinator: If this is an interim IFSP, write the name of the interim (temporary, preliminary) service coordinator. If it is an initial or review IFSP and a discussion of who will be the ongoing (primary) service coordinator has not yet taken place, leave this line blank until after the outcomes and services have been discussed and written down. Although the service coordinator will frequently be from the agency providing the most service, the family or a paraprofessional may, with appropriate training, be designated as the service coordinator. The family should be given the opportunity to select the person with whom they are most comfortable.

Phone: Include the service coordinator's telephone number.

Date: The date that the Service Plan page is being filled out.

I.D. #: The child's *Early On* I.D. number. This may be the child's social security number or another number or letter-number combination up to nine digits assigned for computer tracking and *Early On* data collection.

Type of IFSP: Check the appropriate box.

Transition: A transition IFSP need only be completed when the child is preparing to enter a new program or is turning three. At least **90 days** and, at the discretion of all participants, **up to 6 months** before the child's transition, the service coordinator, the family and other appropriate service providers, must begin to address steps to prepare the child and family for changes. These steps include: 1) discussion with parents about future placements and other matters related to the transition; 2) developing procedures to prepare the child for changes in service delivery, including steps to be taken to help the child adjust to the new setting; and 3) transmitting information about the child to the new program, with parental consent, including evaluation and assessment information and copies of IFSPs. If a child turns three during the school year, he or she may continue to receive Part C services until the end of that year, if no other services would be appropriate. If a transition timeline checklist is being used, it may be filled in and attached, as may a separate transition planning form. Otherwise, the transition steps should be incorporated into the outcomes (see below). Additional information related to the transition may also be added. Michigan Procedural Safeguards Standards call for a transition plan concerning disposition of Part C records whenever a child leaves the "*Early On*" system.

Part C requires that the transition from *Early On* to a new program be addressed in a specific manner; but service coordinators are encouraged to plan carefully for other transitions as well, e.g., from the hospital to the home, from one community to another, into a group care or preschool setting, or from one Part C service to another.

Outcomes: The major goals expected to be achieved for the child and family. These must include criteria (how everyone will know whether the goal has been reached), procedures and timelines for reviewing whether the outcomes have been reached. Outcomes should reflect the family's identified agenda (priorities) and be based on a synthesis of the information identified and shared by the family and staff throughout the evaluation and assessment planning process. Outcomes are a statement of the changes family members want to see for the child or themselves that relate directly or indirectly to the development of the child. They should be functionally stated using the family's language, not professional jargon.

Reminder: *Be sure to number each outcome. The numbers must be written on the signature page(s) before the meeting is over.*

As stated by the authors of Guidelines and Recommended Practices for the IFSP:

Just as it is important to use the family's language during the assessment, it is equally important to use the family's language in wording outcomes.

Outcomes written in the family's language: *Mr. and Mrs. Smith want help teaching their other children why their little sister is slow and about how they can explain it to their friends at school.*

Same outcome written in professional jargon: *The siblings will attend a sibling support group in order to gain a developmentally appropriate understanding of Down Syndrome. (NEC*TAS, 2nd Edition, p.58).*

- ◆ If the IFSP is also an IEP, include more than one **short-term instructional objectives (STIO)** for each special education annual goal (outcome). Each objective should be measurable and should be an intermediate step between the present level of educational performance (development) and the annual goal. They should be achievable within a shorter period of time (e.g., a month or semester) than the annual goal. For example:

Outcome 1. *Jennifer will learn to eat more easily and learn to make more sounds.*

Objective A: *Adaptations will be made in Jennifer's high chair so she is more comfortable sitting (a special cushion will be given to the family by October 1996).*

Objective B: *Jennifer will begin to imitate sounds made by Mrs. Smith and the home visitor (three sounds by November 1996).*

Each objective must contain three components: performance criteria, evaluation procedures, and schedules for evaluation.

- 1.Evaluation Procedures** - The evaluation procedures describe by what method(s) achievement is measured. (Example: documented observation, formal or informal assessments, etc.) Indicate the evaluation procedure(s) to be used.
- 2.Performance Criteria** - Performance criteria determine at what level the skill is to be achieved and may be established in a variety of ways. They may be written in terms of accuracy, percentage, rate, production, etc. (Example: 80%, 4 out of 5 times, 3 times a day, etc.) Indicate the specific criteria to be used.

3.Schedules for Evaluation - The schedule for evaluation is the time line used for determining whether the short-term instructional objectives are being achieved. (Example: annually, monthly, etc.) Indicate the schedule.

These components may be incorporated into the STIO, as shown in the example above. If the outcomes and objectives will not all fit within the boxes on the form, simply keep writing in the boxes that follow. Add a bracket on the right to join the objectives that will be addressed by the same service provider.

What and Who: Include the type of service, activity and/or equipment necessary to achieve the outcome and the name and position of the person who will provide it.

- ◆ If the IFSP is also an IEP and the outcome will be provided by special education staff, indicate the title of the program or service and the official Rule Number (e.g., preprimary impaired non-classroom services, R340.1755; physical therapy, R340.1701; teacher consultant, R340.1749; speech/language service, R340.1745). If a physical, occupational or speech therapist will be involved as part of the PPI non-classroom services, use Rule 1755 rather than 1701 (for ancillary services). Because of the way state funding is currently tied to the special education rules, a small difference in wording can mean a loss (or gain) in dollars for some districts. Check with a local special education administrator for more information. If specialized transportation will be provided, and if any special equipment is needed, they must be specified in this section.

Where, When and How: Indicate the location where services will be provided. Write the number of sessions per week (or month) and the length of each session. Indicate whether the child will receive services alone or as part of a group. Simply writing (I) or (G) is sufficient. If the service is merely a phone call, write “not applicable” or “N.A.” in this space.

- ◆ If the IFSP is also an IEP, record the time the service will be provided in minutes/hours and the number of sessions per week/month. Additionally, the total number of hours per week in special education must be indicated.

Date Service Begin/Ends: Write the anticipated beginning and ending dates (month/day/year) for the service. If it’s merely a phone call, write “N.A.”.

Payor: Who will pay for it? The following Part C services must be provided at no cost to the family: identification, evaluation/assessment, IFSP development, and service coordination. Fees may be charged, however, for other services in accordance with state statutes and agency regulations. Billing Medicaid is allowable for screening, evaluation, service coordination, and IFSP development, as is billing a family’s insurance company, “as long as the Individualized Family Service Plan offers to reimburse the family for any resulting financial loss, as for example, a decrease in the available lifetime coverage under the insurance policy, an increase in premiums, out of pocket expenditures for payment of deductions, or discontinuation of coverage.” (State of Michigan Interagency Agreement, February 22, 1993, Section 4.1) If the agency that provides the service will pay for it, write the name of the agency here. If special Part C (*Early On*) funds are being used, “Part C” may be written here.

Review: Refers to the process of reviewing the progress on outcomes - at both a six-month IFSP review meeting and an annual IFSP meeting, or at any other time the service coordinator and the parent wish to meet.

- ◆ If the IFSP is also an IEP, for each special education goal/outcome, indicate the extent to

which progress is sufficient to enable the child to achieve the goals by the end of the year and describe any lack of expected progress toward the annual goals (outcomes) or STIOs.

Date: The date when an outcome is reviewed/evaluated should be written in this box.

Rating: The scale at the bottom of the Service Plan page is used to indicate to what extent progress has been made. Other codes may also be used, and/or words may be written in the box. There is sufficient space in the boxes to record progress on several different dates.

Suggested Outcome Rating Scale: The letter in the “Outcome Evaluation Scale” box are not only the ways of evaluating progress. Below are the situations for which they were intended:

4 = Accomplished outcome. The parent is satisfied with the child’s or family’s progress on the goal/outcome, and wants no more help in this regard.

2 = No change; still a need. The outcome has not yet been achieved, and the parent would like to have it continue to be addressed.

NA = No longer needed. The outcome has been achieved or is no longer a high priority for the family.

1 = Revised as a new outcome. If the outcome as originally written cannot be attained or is worded in a way that no longer seems quite right, “R” may be put in the box and a new outcome written that replaces it.

FIFTH PAGE

Action Plan(continued): See instructions for Fourth Page(s), pages 10-13 of these guidelines.

Natural Environments: Part C services must be provided in “natural environments” where other infants and toddlers without disabilities are found, and where the child’s needs can most effectively be met. Whenever possible, services should be delivered in the home. If a location other than the “natural environment” is selected, provide an explanation as to why it was chosen.

Other Services (e.g., medical care or financial assistance): Other services that a family may want or need, but that are not required under Part C, may be listed on this part of the IFSP. Including them does not mean that may must be provided; rather, it helps the family and the service provider get a picture of the family’s total service needs. Include the funding source for these services so it will not appear that a public agency must provide them.

Parent/Guardian/Surrogate Consent: Check all boxes that apply, and fill in the number of every outcome that the family wants addressed. Be sure that the family receives a copy of the Part C procedural safeguards at the time of the meeting (unless they already have a copy and don’t want another one). If the family prefers to receive no services at the present time, they may check that box. If they disagree with the eligibility or service decision, and request mediation or a due process hearing, timelines for providing those must be followed. Be sure that they circle the decision with which they disagree (i.e., eligibility or program/service). (Contact the *Early On* Coordinator in your county for more information about mediation and/or a hearing).

Before distributing copies of this form, be sure to number the pages. If more than one outcome page is used, write 4a, 4b, 4c, etc. Additional outcome/signature pages may be filled out without redoing the entire IFSP if minor changes are needed in service(s) before the time of the six-month review. If doing so, the parent must give written consent, and copies must be given to the service coordinator and to all affected agencies.

Reminder: *Once the form has been signed by the parent(s) and other participants, it should be distributed to the parents and, with their consent, to the agencies that will be providing services. Copies of the IFSP must be given or sent to: the parent(s); the agency keeping the official Part C file; the service coordinator; and, others upon request and with the consent of the parents (e.g., the child's doctor). Be sure that all persons receiving a copy are listed on the current Authorization to Share Information Form. The service coordinator is responsible for making photocopies, as needed, and for assuring that all specified persons receive a copy. The IFSP becomes part of the child's "Part C record" and must be dealt with accordingly.*

Signatures and Titles of People Attending the IFSP Meeting: In preparing for the IFSP meeting, the parent and service coordinator decide who should be invited. The parent may invite other family members, friends, a parent advocate, or others if they wish. Someone who was involved in the evaluation and someone who will be providing services must also be there. If the service coordinator was involved in the evaluation and is likely to be providing services to the family, it is possible to have an IFSP meeting with only the parent and the service coordinator.

It is expected that everyone attending the IFSP meeting would sign the IFSP form at that time, with the possible exception of the parent. Parents should be told that if they wish to think about the plan for a few days or share it with others before signing it, they are free to do so. If more than one parent/guardian is at the meeting and wishes to sign the form, the extra space at the bottom may be used for that purpose.

- ◆ If the IFSP is also an IEP, participants are indicated at the time of the meeting. Participants in an IEP meeting shall, at a minimum, include all of the following:
 - . A representative of the public agency, other than the child's teacher, who: is qualified to provide or supervise the provision of special education; is knowledgeable about the availability of resources in the district; and, has the authority (delegated by the superintendent) to commit resources to ensure that the IEP will be implemented.
 - . At least one special education teacher, or if appropriate, at least one special education provider of such child.
 - . At the initial IEP meeting and at the three year comprehensive reevaluation review meetings, a member of the MET is required to be a participant and present the written team report. At subsequent meetings, an individual who can interpret the instructional implications of evaluation results.

IEP PAGES

Special Education Individualized Education Plan (IEP) Birth through 2 years with IFSP

Purpose of these pages. Every child who is receiving service from special education personnel (other than consultation on a pre-special education referral basis) must have an individualized education plan (IEP). By following the special instructions in the IFSP guidelines, noted by a diamond (♦), and completing the additional IEP pages according to these guidelines, the coordinated service plan will meet all of the requirements for a special education IEP. These pages are to be filled out at the time of the IFSP/IEP meeting unless otherwise noted in the instructions below.

Child's Name: Same as on previous IFSP pages.

Service Coordinator: Same as on previous IFSP pages.

Date: Same as on previous IFSP pages.

Student I.D. #: Indicate the student's social security number if known. If the social security number is unknown, use the student's (special education) ID number.

Special Instructions for IFSP/IEP

1. Note if it is an initial IEP, annual review, redetermination of eligibility, and/or other. Examples of "Other" types of IEPs include change of program/service, termination of program/service, educational agency or parent request, and transfer.
2. Check here to indicate that the IEP was reviewed and revised accordingly. When the IFSP is reviewed, the team must also review the IEP as outlined in this manual (p. 13).
- . Indicate the date of the MET and note if evaluation information was reviewed for the meeting. Evaluation information may include such items as the most recent MET report, teacher progress reports, and independent evaluations.
 - . Note if child is eligible for special education. If so, check "Eligible as" and indicate the eligibility category(ies) and rule number(s) on the lines provided. Do not use initials or abbreviations.
5. Every IFSP outcome with a service to be provided by special education personnel must be identified by a number. Record the numbers on this line.
6. In a very limited number of situations, a child with a particular disability might be placed in a program with a different name - e.g., a child with a "physical or other health impairment" might be placed in a program called a "preprimary impaired" or a "trainable mentally impaired" program. When the child's disability is different from the program in which he or she is placed, a rationale must be given - example: "Julie's social and language needs can be met most appropriately in the preprimary impaired classroom."
7. Include a statement of the supplementary aids and services to be provided to the child, or on behalf of the child, to advance appropriately toward the special education annual goals/outcomes. This section may include instructional support by aides, interpreters, and paraprofessional personnel, as well as other technology devices and services.

Notice

Parent Contact: Note who, how and when contacts were made. Parent(s)/Guardian(s)/Surrogate(s) must be contacted early enough to ensure that they are included in the decision of a mutually agreed upon time and place and will have an opportunity to participate in the meeting. The contact is also necessary to explain the purpose of the IEPC meeting and role(s) of the participants. Initial contacts should be made by letter. Additional contacts may include telephone calls, other electronic means, or by visits made to the home or place of employment.

Check as appropriate: Write the number that is beside each outcome that will be addressed by special education personnel. Do not write the numbers beside other outcomes (i.e., those that are to be addressed by non-special education personnel).

The person responsible for implementing the IEP must be a special education staff person. If the service coordinator for the IFSP is not a special educator, write the name of the person who will assume responsibility for overseeing the implementation of the special education outcomes. Include the title and phone number of that person.

Resident District: Name the resident district. In most cases, the designee of the superintendent will not attend the IFSP/IEP meeting. He/she will, therefore, sign the IEP pages after the meeting. Once the form has been signed and dated, it should be distributed to all appropriate persons.

Operating District: Name the operating district. If the program(s)/service(s) is provided by a school district other than where the family lives, the superintendent's designee from the operating school district must sign this page (see above paragraph).

Consideration of Special Factors

The team must provide assurances that it has considered each of the identified special factors. After consideration of items #1-4, the team may develop annual goals/outcomes or short term instructional objectives to address the particular learning needs. The need for specific assistive technology devices and services (#5) may be addressed under supplementary aids and services.

Parent/Guardian/Surrogate Consent:

1st box: This box indicates that the parent has participated in the planning of the IEP and understands its contents. In addition to signing the IFSP itself, the parent(s) of a child receiving special education services must give written consent before **initial** placement and service.

2nd box: This box indicates that the parent has been fully informed of his/her rights and has received copies of all procedural safeguards. These safeguards are different from Part C (*Early On*) procedural safeguards, so both must be given to the parents of a child in special education.

3rd box: This box must be checked in order to place a child in a categorical program that does not correspond with the child's eligibility.

4th box: This box indicates that the parents do not agree with the special education eligibility decision and/or the special education programs/services listed on the Action Plan page and request an impartial due process hearing. They should circle the decision (eligibility or program/service) with which they disagree. The district will provide a form to request a special education due process hearing. A hearing request must be submitted before mediation is considered; however, it may be possible to resolve disagreements informally by contacting the

supervisor of the special education early intervention program or Special Education Director.
Note: If this is not the initial IEP and the parent disagrees with it and requests a due process hearing, the child will “stay put” (i.e., stay with the the last undisputed IEP).

Signature and Date: The signature of the parent is required for the first IEP and when the child’s teacher has no endorsement matching the child’s disability. The parents do not need to sign the IEP page at the time of the meeting unless they wish to do so. Taking time to think about it or to show it to other family members is encouraged. If more than one parent wishes to given written consent, the space at the very bottom of the page may be used for the second signature. Once an initial IEP has been signed and dated, the desired special education services may begin.

Additional Notice Requirements

This is a separate procedure from the IEP process. It may be done at the time of or after the IEP meeting. The superintendent or designee of the operating district is required to check the appropriate boxes, sign and date the notice.

Assurances: The superintendent or designee of the operating district shall review the decisions of the IEP to assure that the statements were addressed.

Location of the Program(s)/Service(s): Indicate the building in which the student will receive the programs/services identified in the plan.

Person Responsible for Implementation: Indicate the name and/or title of the person responsible for the implementation of the IEP. This person shall be either the principal of the building offering the program and/or services, or another staff person who is generally accessible to the staff and will be working with the child.

Implementation Date: Indicate the date (month, day, year) that all programs and/or services will begin unless otherwise noted in t the parent(s) in two ways: (1) The notice is completed at the IEP meeting and given to the parent with a copy of the IEP, or (2) the notice is completed within 7 calendar days after the IEP meeting and then, with a copy of the IEP, is sent to the parent. The parent has a right to disagree with the notice and request a due process hearing.

ATTACHMENTS

- A. TIPS FOR IFSP MEETINGS¹**
- B. LIST OF ESTABLISHED CONDITIONS**
- C. SPECIAL EDUCATION RULE NUMBERS**
- D. LIST OF PART C SERVICES**
- E. DETAILED ETHNIC/ANCESTRY CODING FOR IFSPs**

¹This attachment has been incorporated into Michigan's Guidebook for Individualized Family Service Planning.

**EARLY ON® ELIGIBILITY
ESTABLISHED CONDITIONS**

ESTABLISHED CONDITIONS INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

**1. CHROMOSOMAL ANOMALIES/
GENETIC DISORDERS**

- CRI-DU-CHAT SYNDROME
- TRISOMY 21 (DOWN SYNDROME)
- TRISOMY 18
- FRAGILE X SYNDROME
- OCULO-CEREBRO-RENAL SYNDROME (LOWE SYNDROME)
- COCKAYNE SYNDROME
- LAURENCE-MOON-BIEDL SYNDROME
- WAARDENBURG SYNDROME
- CEREBRO-HEPATO-RENAL SYNDROME (ZELLWEGER SYNDROME)

2. NEUROLOGICAL DISORDERS

NEUROMOTOR/MUSCLE DISORDERS

- CEREBRAL PALSY
- DYSTONIA MUSCULORAM DEFORMANS
- HEREDITARY PROGRESSIVE MUSCULAR DYSTROPHY
- KERNICTERUS
- MYASTHENIA GRAVIS CONGENITA
- PARALYSIS
- WILSON'S DISEASE

CEREBROVASCULAR DISEASE

- CEREBRAL ARTERIAL THROMBOSIS
- CEREBRAL EMBOLUS THROMBOSIS
- CEREBRAL VENOUS THROMBOSIS
- INTRACRANIAL HEMORRHAGE

DEGENERATIVE DISEASES (MYELINIZATION DISORDERS)

- ACUTE DISSEMINATED ENCEPHALOMYELITIS
- FRIEDRICH'S ATAXIA
- GANGLIOSIDOSES
- KUGELBERG-WEHLANDER SYNDROME
- LEIGH SUB-ACUTE NECROTIZING ENCEPHALOMYELOPATHY
- LEUKODYSTROPHIES
- SCHILDER'S DISEASE
- WERDNIG-HOFFMANN SYNDROME

NEURO CUTANEOUS DISORDERS

- BLOCH-SULZBERGER SYNDROME
- NEUROFIBROMATOSIS
- STURGE-WEBER SYNDROME
- TUBEROUS SCLEROSIS

MALIGNANCIES

- INTRACRANIAL TUMORS & OTHER MALIGNANCIES OF THE CNS

HEAD AND SPINAL CORD TRAUMA

- FRACTURE OF VERTEBRAL COLUMN W/ OR W/O SPINAL CORD LESIONS

SEIZURE DISORDERS

- NONREFRACTORY AND INTRACTABLE TYPE
- REFRACTORY AND INTRACTABLE TYPE (CONTROLLABLE)

3. CONGENITAL MALFORMATIONS

CARDIOVASCULAR

- AORTIC VALVE ATRESIA & STENOSIS
- COARCTATION OF AORTA
- PATENT DUCTUS ARTERILSIS
- TERATOLOGY OF FALLOT
- TRANSPORTATION OF GREAT ARTERIES

OROFACIAL

- CLEFT PALATE
- PIERRE ROBIN (HYPOPLASTIC MANDIBLE)

- NOONAN SYNDROME

- TREACHER COLLINS SYNDROME

GENITOURINARY

- ADRENOGENITAL SYNDROME
- POTTER SYNDROME
- RENAL AGENESIS AND HYPOPLASIA

MUSCULOSKELETAL

- ARTHROGRYPOSIS
- REDUCTION DEFORMITY OF LOWER LIMBS
- REDUCTION DEFORMITY OF UPPER LIMBS

PULMONARY/RESPIRATORY

- TRACHEOMALACIA

CENTRAL NERVOUS SYSTEM

- ANENCEPHALY
- ENCEPHALOCELE
- UNCORRECTED HYDROCEPHALUS
- MICROCEPHALY
- SPINA BIFIDA

4. INBORN ERRORS IN METABOLISM

MUCOPOLYSACCARIDOSES

- HUNTER SYNDROME
- HURLER-SCHELE SYNDROME
- MARQULO SYNDROME
- MAROTEAUX-LAMY SYNDROME
- SANFILIPPO SYNDROME
- SCHELE SYNDROME
- SLY SYNDROME

ABNORMALITIES OF AMINO ACID METABOLISM

- **MAPLE SYRUP DISEASE**
- **INFANT PKU**
- ABNORMALITIES OF CARBOHYDRATE METABOLISM**
- **GALACTOSEMIA**
- **GLYCOGEN STORAGE DISEASE**
- **INFANTILE GAUCHER DISEASE**
- ABNORMALITIES OF LIPID METABOLISM**
- **NEIMAN-PICK DISEASE**
- **TAY-SACHS DISEASE**
- ABNORMALITIES OF PURINE/PYRIDIMINE METABOLISM**
- **LESCH-NYHAN SYNDROME**
- ABNORMALITIES OF THE PARATHYROID**
- **HYPERPARATHYROIDISM**
- **UNTREATED HYPOPARATHYROIDISM**
- ABNORMALITIES OF THE PITUITARY**
- **HYPERPITUITARY**
- **HYPOPITUITARY**
- ABNORMALITIES OF ADRENO-CORTICAL FUNCTION**
- **HYPERADRENOCORTICAL FUNCTION**
- **HYPOADRENOCORTICAL FUNCTION**

5. SENSORY DISORDERS

EYE

- **AMBLYOPIA EX. ANOPSIA**
- **ANIRIDIA**
- **ANOPHTHALMOS/MICROPHTHALMOS**
- **VISUAL IMPAIRMENT/BLINDNESS**
- **CONGENITAL CATARACT**
- **RETINOPATHY OF PREMATURITY (ROP)**

EAR

- **HEARING LOSS**

6. ATYPICAL DEVELOPMENT DISORDERS

- **PERVASIVE DEVELOPMENT DISORDER (PDD)**
- **AUTISTIC DISORDER**
- **INFANTILE SCHIZOPHRENIA**
- **REACTIVE ATTACHMENT DISORDER**
 - **FAILURE TO THRIVE**
 - **CHILD ABUSE**
 - **CHILD NEGLECT**
- **REGULATORY DISORDERS**

7. SEVERE TOXIC EXPOSURE

PRENATAL

- **COCAINE**
- **FETAL ALCOHOL SYNDROME**
- **MATERNAL PKU**

POSTNATAL

- **LEAD**
- **MERCURY**

8. CHRONIC MEDICAL ILLNESS

MEDICALLY FRAGILE

- **CHILDREN WITH COMPLEX HEALTH CARE NEEDS**
- **TECHNOLOGY - DEPENDENT (ELG., INCLUDING THOSE ON APNEA MONITORS, EXCEPT FOR CASES IN WHICH SIBLINGS DIED FROM SIDS)**
- **CENTRAL HYPOVENTILATION**
- **RENAL INSUFFICIENCY**

MEDICAL ILLNESS

- **BRONCHOPULMONARY DYSPLASIA (BPD)**
- **CANCER**
- **CHRONIC HEPATITIS**
- **CYSTIC FIBROSIS**
- **DIABETES**
- **HEART PROBLEMS**
- **RENAL FAILURE**

9. SEVERE INFECTIOUS DISEASE

CONGENITAL INFECTIONS

- **CYTOMEGALOVIRUS (CMV)**
- **HERPES**
- **HIV+**
- **RUBELLA**
- **SYPHILIS**
- **TOXOPLASMOSIS**

ACQUIRED INFECTIONS

- **BACTERIAL MENINGITIS**
- **ENCEPHALITIS**
- **POLIOMYELITIS**
- **VIRAL MENINGITIS**

SPECIAL EDUCATION RULE NUMBERS

ELIGIBILITY

R340	.1703	SEVERELY MENTALLY IMPAIRED	SMI
	.1704	TRAINABLE MENTALLY IMPAIRED	TMI
	.1705	EDUCABLE MENTALLY IMPAIRED	EMI
	.1706	EMOTIONALLY IMPAIRED	EI
	.1707	HEARING IMPAIRED	HI
	.1708	VISUALLY IMPAIRED	VI
	.1709	*PHYSICALLY OR OTHERWISE HEALTH IMPAIRED	POHI
	.1713	LEARNING DISABLED	LD
	.1710	*SPEECH/LANGUAGE IMPAIRED	SLI
	.1711	*PREPRIMARY IMPAIRED	PPI
	.1714	SEVERELY MULTIPLY IMPAIRED	SXI
	.1715	AUTISTIC	AI

**MOST COMMONLY USED CATEGORIES FOR CHILDREN UNDER AGE 3*

SERVICES

R340	.1755	NONCLASSROOM PREPRIMARY IMPAIRED SERVICES	
	.1749	TEACHER CONSULTANT	
	.1745	SPEECH AND LANGUAGE	
	.1701(c)	OCCUPATIONAL THERAPY	ORIENTATION AND MOBILITY
		PHYSICAL THERAPY	SCHOOL SOCIAL WORKER
		AUDIOLOGICAL SERVICES	PSYCHOLOGICAL
	.1746	HOMEBOUND AND HOSPITALIZED	

CLASSROOM PROGRAMS*

340.1738 - SMI	340.1739 - TMI	340.1740 - EMI	340.1741 - EI
340.1742 - HI	340.1743 - VI	340.1744 - POHI	340.1747 - LD
340.1748 - SXI	340.1754 - PPI	340.1756 - SLI	340.1758 - AI

**TYPICALLY FOR CHILDREN 2 ½ YEARS OR OLDER*

EARLY INTERVENTION SERVICES UNDER PART C

ASSISTIVE TECHNOLOGY SERVICES AND/OR DEVICES

AUDIOLOGY SERVICES

EARLY IDENTIFICATION, SCREENING, AND ASSESSMENT

FAMILY TRAINING, COUNSELING, AND HOME VISITS

HEALTH SERVICES

MEDICAL SERVICES (DIAGNOSIS AND EVALUATION)

NURSING SERVICES

NUTRITION SERVICES

OCCUPATIONAL THERAPY

PHYSICAL THERAPY

PSYCHOLOGICAL SERVICES

SERVICE COORDINATION

SOCIAL WORK

SPECIAL INSTRUCTION

SPEECH/LANGUAGE PATHOLOGY

TRANSPORTATION

VISION SERVICES

DETAILED ETHNIC/ANCESTRY CODING FOR IFSPs**HISPANIC ANCESTRIES**

- A ___ MEXICAN, MEXICAN-AM.
 B ___ PUERTO RICAN
 C ___ CUBAN
 D ___ OTHER HISPANIC/LATINO-PLEASE SPECIFY _____

WHITE ANCESTRIES

- E. ___ ARAB
 F ___ CHALDEAN, ASSYRIAN
 G ___ OTHER WHITE-PLEASE SPECIFY: _____

BLACK ANCESTRIES

- H ___ AFRICAN AM.
 I ___ ARAB
 J ___ AFRICAN
 K ___ CARIBBEAN
 L ___ OTHER BLACK-PLEASE SPECIFY: _____

NATIVE ANCESTRIES

- M ___ INDIAN (NORTH AM. - PRINT NAME OF ENROLLED OR PRINCIPAL TRIBE)
 N ___ CENTRAL AM. INDIAN OR SOUTH AM. INDIAN
 O ___ ESKIMO
 P ___ ALEUT
 Q ___ NATIVE HAWAIIAN

ASIAN AND PACIFIC ANCESTRIES

- | | | | |
|-------|--------------|-------|------------|
| R ___ | ASIAN INDIAN | V ___ | JAPANESE |
| S ___ | CHINESE | W ___ | KOREAN |
| T ___ | FILIPINO | X ___ | VIETNAMESE |
| U ___ | HMONG | Y ___ | |

OTHER ASIAN OR PACIFIC PLEASE SPECIFY: _____

OTHER ANCESTRIES

Z ___ OTHER ANCESTRY-PLEASE SPECIFY: _____

PRINCIPAL RACE OR ANCESTRY

- | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| A ___ | D ___ | G ___ | J ___ | M ___ | P ___ | S ___ | V ___ | Y ___ |
| B ___ | E ___ | H ___ | K ___ | N ___ | Q ___ | T ___ | W ___ | Z ___ |
| C ___ | F ___ | I ___ | L ___ | O ___ | R ___ | U ___ | X ___ | |

PREPARED BY: KEN DARGA (517) 373-9654
 OFFICE OF STATE DEMOGRAPHER
 MICHIGAN DEPARTMENT OF MANAGEMENT AND BUDGET